

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005334
STATE FILE NUMBER

AMENDED

Registration District No. 1

Primary Registration District No. —

Registrar's No. 61

FILED FEB 26 1962

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morrow		Length of stay in 1b Life		c. CITY OR TOWN Greencastle, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS RFD #1 (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Willie Middle Arthur Last Dupree				4. DATE OF DEATH Month 2 Day 14 Year 1962			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-8-1893	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (City and state or country) Adair County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert Dupree			13b. MOTHER'S MAIDEN NAME Melissa Ray		14. NAME OF HUSBAND OR WIFE Ruby Miller Dupree		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes, World War I			16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Ruby Dupree, Greencastle, Mo. RFD #1		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Tamponade DUE TO (b) Ruptured aortic aneurism DUE TO (c) Arterio-sclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH Sudden 11 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour 9:45 Month, Day, Year 2-14-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kirkville, Mo.		COUNTY Adair		STATE Mo.	
21. I attended the deceased from 2-14-62 to 2-14-62 and last saw him alive on 2-14-62 Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE Howard E. Gross D.O. (Degree or title)			
22b. ADDRESS Kirkville, Mo.				22c. DATE SIGNED 2-15-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-18-62	23c. NAME OF CEMETERY OR CREMATORY Green Castle		23d. LOCATION (City, town, or county) Green Castle, Mo.		(State)	
24. FUNERAL DIRECTOR Dee Riley Funeral Home, 415 N. Franklin,				25. DATE RECD. BY LOCAL REG. 2-17-1962		26. REGISTRAR'S SIGNATURE Dore W. Ratliff	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

(Signed Embalmer's Statement on Reverse Side)

9 MAR 6

HOWARD E. GROSS, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.